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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/803,569

Filing Date March 17, 2004

First Named Inventor Seamans, Scott

Art Unit 3728

Examiner Name

Attorney Docket Number 040130-050011US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="0"> <tr> <td><input type="checkbox"/> Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Darin J. Gibby

Date

March 7, 2005

Reg. No.

38,464

CERTIFICATE OF TRANSMISSION/MAILING

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Connie Larson

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March 7, 2005



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Alexandria, VA 22313-1450

On March 7, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Larson

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Scott Seamans

Application No.: 10/803,569

Filed: March 17, 2004

For: FOOTWEAR MOLDS

Customer No.: 20350

Confirmation No. 5965

Examiner:

Technology Center/Art Unit: 3728

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application filed on March 176, 2004, please enter the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Abstract begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks begin on page 7 of this paper.